PTO/SB/83 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

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REQUEST FOR WITHDRAWAL **AS ATTORNEY OR AGENT**

í		Tallion of Control of
	Application Number	10/815,527
	Filing Date	4/1/2004
	First Named Inventor	Joshua D. Rabinowitz
	Art Unit	1614
	Examiner Name	
	Attorney Docket Number	00024.04CON

To: Commission P.O. Box 145 Alexandria, \	50					
I hereby apply to w	vithdrav	as attorney or agent for the above ide	entified pa	atent appli	cation.	
The reasons for th	nis requ	est are:				
		he reason that the Assignee no longer retains heir own patent prosecution.	s the attori	ney of recor	d as an emplo	yee. The
		CORRESPONDENCE ADDRE				
1. The corresp	ponden	ce address is NOT affected by this with	hdrawal.			
2. Change the	corres	pondence address and direct all future	correspo	ondence to	o :	
Customer Num	ber					
OR	L.,					
Firm or Individual Name)	IP Department (Alexza MDC)				
Address		1001 East Meadow Circle				
Address						
City		Palo Alto	State	CA	ZIP	94303
Country						
Telephone			Fax			
all the attorn	eys/age s/agents	behalf of myself and nts of record, (with registration numbers) listed on the a	ittached p	aper(s), or		
This request is enclose	ed in tri j	olicate (including any attachments).				
Name	Elaine	. Stracker				
Signature	Vu	- State	Registra	tion No.	43,166	
Date	DEC. 1	3 2004				
NOTE: Withdrawal is eapproval of withdrawa	effective I and the	when approved rather than when received expiration date of a time period for respon	d. Unless nse or pos	there are a ssible exten	it least 30 da sion period,	ys between the request to

withdraw is normally disapproved. This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. OIPE 16 2004 BU

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Filing Date	4/1/2004	_
First Named Inventor	Joshua D. Rabinowitz	_
Art Unit	1614	_
Examiner Name		_
Attorney Docket Number	00024.04CON	_

To: Commissioner for P.O. Box 1450 Alexandria, VA 223					
I hereby apply to withdray	v as attorney or agent for the above ide	ntified pa	atent app	lication.	
The reasons for this requ	est are:				
	he reason that the Assignee no longer retains	the attor	ney of reco	ord as an emp	loyee. The
Assignee is currently handling t	their own patent prosecution.				
	CORRESPONDENCE ADDRE	SS			
1. The corresponden	ce address is NOT affected by this with	ndrawal.			
2. X Change the corres	pondence address and direct all future	corresp	ondence	to:	
Customer Number					
OR		, .			
Firm <i>or</i> Individual Name	IP Department (Alexza MDC)				
Address	1001 East Meadow Circle				
Address					
City	Palo Alto	State	CA	ZIP	94303
Country					
Telephone		Fax			
This request is made on	behalf of myself and				
all the attorneys/age	·				
<u> </u>	s (with registration numbers) listed on the a	ttached p	aper(s), o	r T	
, ,	s associated with Customer Number				
	plicate (including any attachments).				•
Signature	1 Stephen	Registra	tion No.	43,166	
Date DEC.	1 3 2004				
NOTE: Withdrawal is effective	when approved rather than when received e expiration date of a time period for respon	d. Unless	there are	at least 30 c	lays between
withdraw is normally disappro	ved.				.,

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REQUEST FOR WITHDRAWAL **AS ATTORNEY OR AGENT**

Application Number	10/815,527
Filing Date	4/1/2004
First Named Inventor	Joshua D. Rabinowitz
Art Unit	1614
Examiner Name	
Attorney Docket Number	00024.04CON

To: Commissioner for P.O. Box 1450 Alexandria, VA 223						
I hereby apply to withdray	v as attorney or agent for the above ide	entified p	atent app	lication.		
The reasons for this requ	est are:					
This request is being made for Assignee is currently handling	the reason that the Assignee no longer retains their own patent prosecution.	s the attor	ney of reco	ord as an	emplo	oyee. The
	CORRESPONDENCE ADDRE	ESS				
1. The corresponden	ce address is NOT affected by this with	*				-
2. A Change the corres	spondence address and direct all future	corresp	ondence	to:		
Customer Number						
OR Simon	1	-				
Firm or Individual Name	IP Department (Alexza MDC)					
Address	1001 East Meadow Circle					
Address						
City	Palo Alto	State	CA		ZIP	94303
Country						
Telephone		Fax				
	ents of record, s (with registration numbers) listed on the a	attached p	aper(s), o	r		
	s associated with Customer Number		-			
	plicate (including any attachments).					
Signature Solla	Strates	Registra	tion No.	43,166		
Date DEC	. 1 3 2004					
NOTE: Withdrawal is effective approval of withdrawal and th withdraw is normally disappro	when approved rather than when received e expiration date of a time period for respo	d. Unless nse or po	there are ssible exte	at least ension pe	30 da eriod,	ys between the request to

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PTO/SB/21 (08-03)

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			Application Number	10/8	315,527
TR	ANSMITT	AL	Filing Date	4/1/	2004
	FORM		First Named Inventor	Jos	hua D. Rabinowitz
(to be used fo	or all correspondence after	initial filing)	Art Unit	161	4
		· • · • · · · · · · · · · · · · · · · ·	Examiner Name		
Total Number of I	Pages in This Submission	4	Attorney Docket Number	000	24.04CON
		ENCLOS	JRES (check all that apply,)	
Fee Transmit	tal Form	Drawing(s)		After Allowance communication to Group
Fee A	Attached	Licensing	related Papers		Appeal Communication to Board of Appeals and Interferences
Amendment	/ Reply	Petition			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
Afte	r Final		o Convert a al Application		Proprietary Information
Affid	lavits/declaration(s)	Power of	Attorney, Revocation of Correspondence		Status Letter
Extension of	Time Request	Terminal	Disclaimer	X	Other Enclosure(s) (please identify below):
Express Aba	ndonment Request	Request	for Refund		1. Request for Withdrawal as Attorney or Agent (in triplicate)-3 pages
Information D	Disclosure Statement	CD, Num	nber of CD(s)		2. Return Receipt Postcard
Certified Co	py of Priority	Remarks	1		
Response to	o Missing Parts/	Tromano	1		
Incomplete A	ponse to Missing Parts				
unde	er 37 CFR 1.52 or 1.53				
	SIGNATUR	E OF APPLICA	NT, ATTORNEY, OR AGEN	T	
Firm	Elaine C. Stracker - 4	3,166			- • •
or Individual name					
Signature	Hern	Col	ala		
Date	DEC. 1 3 2004				
			TRANCHICCIONIANI		

	CERTIFICATE OF TRANSMISSION/MAILING
I hereby certify that this co sufficient postage as first	prespondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the
Typed or printed name	Elaine C. Stracker

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.